



# CHILDREN'S PROTECTIVE SERVICES

## Disposition Checklist

Department of Human Services of Michigan

Preponderance:  
 PS Case #:  
 Case Name:  
 Address:  
 Phone Number:

Risk Level:  
 Log Number:  
 Complaint Date:  
 Category:  
 Load Number:

### Household Case Members:

<u>Name(First, Middle, Last)</u>	<u>Relation</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Race</u>	<u>Role</u>	<u>Date of Death</u>
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### Non-Household Case Members:

<u>Name (First, Middle, Last)</u>	<u>Relation</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Race</u>	<u>Role</u>
Address:			Phone Number:			

DISPOSITION CHECKLIST		YES	NO	APPROVED	
				YES	NO
1 - The parent/caretakers, alleged victims and perpetrators, children, and non-custodial parent were interviewed regarding each of the allegations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Worker Comment</b>					
<b>Supervisor Comment</b>					
2 - Collateral contacts were made with the reporting person, school personnel, child care providers, extended family members, neighbors, physicians, and other informational sources (as needed and appropriate) to obtain needed information and to verify that information received is accurate		YES <input type="checkbox"/>	NO <input type="checkbox"/>	APPROVED YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Worker Comment</b>					
<b>Supervisor Comment</b>					
3 - Psychological/psychiatric/substance abuse testing/evaluation of parents and children were obtained, as needed		YES <input type="checkbox"/>	NO <input type="checkbox"/>	APPROVED YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Worker Comment</b>					
<b>Supervisor Comment</b>					
4 - A thorough review of previous complaints from all counties or district offices, states, and American Indian reservations, etc, was completed and the		YES	NO	APPROVED YES	NO

history and patterns of incidents have been identified and incorporated into the View/Update Trends box of the CPS History tab		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Worker Comment</b>						
<b>Supervisor Comment</b>						
5 - Inquiry was made into previous addresses, including American Indian reservations and obtained information on CPS history in another state or on an American Indian reservation		YES <input type="checkbox"/>	NO <input type="checkbox"/>		APPROVED YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Worker Comment</b>						
<b>Supervisor Comment</b>						
6 - Applicable examinations/reports/records were obtained and reviewed and pertinent information was incorporated into the investigation narrative: Select all that apply:		YES <input type="checkbox"/>	NO <input type="checkbox"/>		APPROVED YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Worker Comment</b>						
<b>Supervisor Comment</b>						
7 - The scene (the home or a location other than the home) where the alleged abuse/neglect occurred, as well as any objects alleged to have been involved were observed/photographed		YES <input type="checkbox"/>	NO <input type="checkbox"/>		APPROVED YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Worker Comment</b>						
<b>Supervisor Comment</b>						
8 - For physical abuse complaint, visual assessments were made of the victim and other children. For all other types of complaints, visual assessments were made as needed.		YES <input type="checkbox"/>	NO <input type="checkbox"/>		APPROVED YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Worker Comment</b>						
<b>Supervisor Comment</b>						
9 - Threatened harm of each type of abuse/neglect was considered in relation to the allegations/case findings.		YES <input type="checkbox"/>	NO <input type="checkbox"/>		APPROVED YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Worker Comment</b>						
<b>Supervisor Comment</b>						
10 - Considered the impact of domestic violence dynamics on each child/adult's response to the investigation.		YES <input type="checkbox"/>	NO <input type="checkbox"/>		APPROVED YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Worker Comment</b>						
<b>Supervisor Comment</b>						
11 – Sibling Placement Evaluation (DHS-3) was		YES	NO		APPROVED	

completed if a child remains in the home when sibling(s) has/have been removed or siblings(s) are/were permanent wards as a result of a child abuse/neglect (CA/N) court action.	<input type="checkbox"/>	<input type="checkbox"/>	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Not Applicable				
<b>Worker Comment</b>					
<b>Supervisor Comment</b>					

<b><u>Disposition Check List Approved</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>2<sup>nd</sup> Line Review Comment</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	

**Report Completed By**  
**Report Completed Date**

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**Report Reviewed By**  
**Report Review Date**

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**2<sup>nd</sup> Line Review By**  
**2<sup>nd</sup> Line Review Date**

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**CONFIDENTIAL**

**“The confidentiality of information in this document is protected by the Michigan Child Protection Law. Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages. (Act No. 238, Public Acts of 1975, as amended, being sections 722.621-722.636, Michigan Compiled Laws, Sections 7 and 13.)”**

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